

FIRE CODE CITATION APPEALS FORM
FIRE LANE APPEAL
CITY OF ASHEVILLE
P.O. BOX 7148
ASHEVILLE, NC 28802

Regardless of the circumstances, we regret that you received a citation. This appeal process is intended to provide for review of enforcement actions under the fire code while upholding the law.

Please fill in the appropriate spaces on this form in detail to provide the Appeals Officer with all circumstances of the citation incident. The findings of the review will be sent to you in writing within fifteen working days of the date listed at the bottom of this form. **You must appeal your citation within fifteen calendar days of the date you received it.**

PLEASE FILL OUT NAME AND ADDRESS FOR ALL CITATIONS

NAME _____ DATE _____ PHONE _____

ADDRESS _____
STREET CITY STATE ZIP

CITATION NUMBER _____

LOCATION OF ALLEGED OFFENSE _____

IF APPLICABLE, PLEASE FILL OUT THE FOLLOWING INFORMATION:

VEHICLE MAKE _____ MODEL _____ COLOR _____

LICENSE NUMBER _____ STATE _____

REASON(S) FOR APPEAL (DIAGRAM MAY BE DRAWN ON REVERSE SIDE)

SIGNATURE _____ DATE _____

APPEAL ACTION TAKEN:

() APPEAL UPHELD

() APPEAL DENIED (Payment must be postmarked within 18 calendar days of disposition date below, or late fees will be imposed.)

COMMENTS: (SEE ATTACHED LETTER)

DISPOSITION DATE: _____ FIRE OFFICIAL: _____